

# BEST AVAILABLE COPY PART B - FEE(S) TRANSMITTAL

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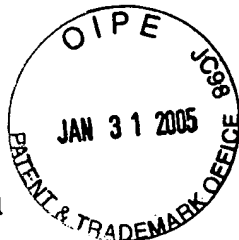
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

11/03/2004

G.E. EHRLICH (1995) LTD.  
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ARLINGTON, VA 22202



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(Depositor's name)
(Signature)
(Date)

02/02/2005 MBEYENE2 00000022 501407 09917811

01 FC:2501 700.00 DA  
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/917,811	07/31/2001	Roni Zvuloni	00/20827	9492

TITLE OF INVENTION: PLANNING AND FACILITATION SYSTEMS AND METHODS FOR CRYOSURGERY

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>500</del> 700	\$300	<del>500</del> 1100	02/03/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
VRETTAKOS, PETER J	3739	606-021000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

G.E. Ehrlich (1995) Ltd.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Galil Medical Ltd.

Yokneam, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Sol Sheinbein*

Typed or printed name

Sol Sheinbein

Date

27 Jan. 2005

Registration No.

25,457

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestion for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Roni ZVULONI et al.

Serial No.: 09/917,811

Filed: July 31, 2001

**For: Planning and Facilitation Systems and  
Methods for Cryosurgery**

Examiner: P. J. Vrettakos

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Group Art Unit: 3739

Attorney  
Docket: 00/20827

### TRANSMITTAL OF ISSUE FEE


Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance dated 3 November 2004, we enclose the following:

Issue fee transmittal form requesting that the issue fee (\$700) and the publication fee (\$300) be charged to our Deposit Account **50-1407**.

Any additional charge or credit may be made to our Deposit Account **50-1407**. A duplicate copy of this letter is enclosed for this purpose.

Respectfully submitted,  
  
 Sol Sheinbein  
 Registration No. 25,457

Date: 27 January 2005  
Ramat Gan, Israel